



# ANNUAL FINANCIAL STATEMENT

**SUBMITTED to the LaSalle County Liquor Commission  
LaSalle County, Illinois**

<b>License #</b>	_____	<b>Class of License</b>	_____
<b>FEIN # (Federal Employer ID #)</b>	_____	<b>IL Bus. or Sale Tax #</b>	_____
<b>Name of License Holder</b>	_____		
<b>Area Code/Phone #</b>	_____	<b>ext</b>	_____

**Please Complete the below excluding any and all Sales Tax**

<b>Liquor Sales</b>	_____	<b>%</b>
<b>Food Sales</b>	_____	<b>%</b>
<b>Entertainment/Cover Charge</b>	_____	<b>%</b>
<b>Amusement Devices</b>	_____	<b>%</b>
<b>Miscellaneous Income</b>	_____	<b>%</b>
<small>If over 5% of total sales, please itemize on attached page</small>		
<b>TOTAL</b>	_____	<b>%</b>

**I (We) hereby certify that, I have read and understand every question on this form and that all information given hereon is true and complete to the best of my (our) knowledge and belief.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

**Date:** \_\_\_\_\_

## Itemized Miscellaneous Income Sheet

**Please report below an itemized breakout of Miscellaneous Income if reported over 5% of Total Sales**

**If “NONE”, please so state.**

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**This form must be signed and dated.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**Date:** \_\_\_\_\_